

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MASSACHUSETTS REPUBLICAN PARTY

ADDRESS (number and street)

85 MERRIMAC ST.

SUITE 400

☐ Check if different than previously reported. (ACC)

BOSTON

MA

02114

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00042622

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
12 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRENT J. ANDERSEN

Signature of Treasurer

BRENT J. ANDERSEN

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 29 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MASSACHUSETTS REPUBLICAN PARTY

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 12 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2015		<span style="border: 1px solid black; padding: 2px;">92338.05</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">236202.89</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">149303.23</span>	<span style="border: 1px solid black; padding: 2px;">1472659.08</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">385506.12</span>	<span style="border: 1px solid black; padding: 2px;">1564997.13</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">302073.57</span>	<span style="border: 1px solid black; padding: 2px;">1481564.58</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">83432.55</span>	<span style="border: 1px solid black; padding: 2px;">83432.55</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

MASSACHUSETTS REPUBLICAN PARTY

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	1	/	2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	6750.00	133071.39
(ii) Unitemized .....	1195.00	76966.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	7945.00	210037.61
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	43000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17945.00	253037.61
12. Transfers From Affiliated/Other Party Committees.....	128480.55	1203133.93
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	2877.68	16487.54
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	149303.23	1472659.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	149303.23	1472659.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	36397.89	671939.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	36397.89	671939.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	5000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	7000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	12000.00
29. Other Disbursements .....	215000.00	295000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	50675.68	502624.87
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	50675.68	502624.87
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	302073.57	1481564.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	302073.57	1481564.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	17945.00	253037.61
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	12000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17945.00	241037.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	36397.89	671939.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2877.68	16487.54
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	33520.21	655452.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 46

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

**A. SETH BRENNAN**

Mailing Address 85 ESSEX ROAD

City State Zip Code  
 CHESTNUT HILL MA 02467

FEC ID number of contributing federal political committee.

C

Name of Employer

LINCOLN PEAK

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 23 2015

Transaction ID : SA11AI.24899

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MR. HENRY KULIK**Mailing Address 114 MERRIAM AVE  
SUITE 201

City State Zip Code  
 LEOMINSTER MA 01453

FEC ID number of contributing federal political committee.

C

Name of Employer

HENRY KULIK JR CPA LLC

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 09 2015

Transaction ID : SA11AI.24855

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. BARRY SLOANE**

Mailing Address 45 STONECREST DRIVE

City State Zip Code  
 NEEDHAM MA 02492

FEC ID number of contributing federal political committee.

C

Name of Employer

CENTURY BANK

Occupation

BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 10 2015

Transaction ID : SA11AI.24856

Amount of Each Receipt this Period

1000.00

TO BE REFUNDED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6750.00

6750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 46

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. LIBERTY MUTUAL INSURANCE COMPANY - PAC**

Mailing Address 175 BERKELEY STREET

City State Zip Code  
 BOSTON MA 02117

FEC ID number of contributing  
federal political committee.

**C** C00171843

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 10 2015

**Transaction ID : SA11C.24862**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. THE TRAVELERS COMPANIES INC. PAC**

Mailing Address ONE TOWER SQUARE

City State Zip Code  
 HARTFORD CT 06183

FEC ID number of contributing  
federal political committee.

**C** C00376376

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 14 2015

**Transaction ID : SA11C.24877**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. MR. GEORGE L. ALCOCK JR.

Mailing Address 105 CHERRY BROOK RD

City  
WESTONState  
MAZip Code  
02493-1347FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : SA12.24915

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. JESSE BAKER

Mailing Address 8 MARLBOROUGH ST

City  
BOSTONState  
MAZip Code  
02116FEC ID number of contributing  
federal political committee.

C

Name of Employer

FREEHOLD CAPITAL MANAGEMENT LLC

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA12.24920

Amount of Each Receipt this Period

5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. JAMES T. BERGIN

Mailing Address PO BOX 145

City  
ROCHDALEState  
MAZip Code  
01542FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA12.24921

Amount of Each Receipt this Period

7500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 46  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. JUDITH BERGIN**

Mailing Address PO BOX 145

City	State	Zip Code
ROCHDALE	MA	01542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA12.24923

Amount of Each Receipt this Period

7500.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MR. JOHN G.L. CABOT**

Mailing Address 1 TUCKS POINT RD

City	State	Zip Code
MANCHESTER	MA	01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2015

Transaction ID : SA12.24953

Amount of Each Receipt this Period

10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. MS. KATHLEEN CAMPANELLA**

Mailing Address 254 WESTFIELD STREET

City	State	Zip Code
DEDHAM	MA	02026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA12.24935

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)..... ►

0.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

**A. GARY CAMPBELL**

Mailing Address 4 PENACOOK PL

City	State	Zip Code
ANDOVER	MA	01810

FEC ID number of contributing federal political committee.

C

Name of Employer
GILBERT CAMPBELL REAL ESTATE

Occupation
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA12.24925

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. EDWARD CASH**

Mailing Address 3128 MARTHA CUSTIS DR

City	State	Zip Code
ALEXANDRIA	VA	22302

FEC ID number of contributing federal political committee.

C

Name of Employer
FRONTIER SECURITY STRATEGIES

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Transaction ID : SA12.24927

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. HERBERT G. CHAMBERS**

Mailing Address 317 FERRY ROAD

City	State	Zip Code
OLD LYME	CT	06371

FEC ID number of contributing federal political committee.

C

Name of Employer
CHAMBER MOTOR CARS

Occupation
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Transaction ID : SA12.24901

Amount of Each Receipt this Period

10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 46

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. FREDERICK CHICOS**

Mailing Address 300 SOMERSET ST.

City  
BELMONTState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA12.24941

Amount of Each Receipt this Period

2000.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. JAMES J CROWLEY**

Mailing Address 499 MOUNTAIN ROAD

City  
PRINCETONState  
MAZip Code  
01541FEC ID number of contributing  
federal political committee.

C

Name of Employer

WACHUSETT MOUNTAIN ASSOCIATES

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : SA12.24905

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AMBASSADOR CHRISTOPHER EGAN**

Mailing Address 116 FLANDERS RD

City  
WESTBOROUGHState  
MAZip Code  
01581FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARRUTH CAPITAL

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA12.24948

Amount of Each Receipt this Period

7500.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

**A. MS. JEAN EGAN**

Mailing Address 116 FLANDERS RD  
SUITE 2000

City State Zip Code  
WESTBOROUGH MA 01581

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA12.24950

Amount of Each Receipt this Period

7500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. JOSEPH F. FALLON**

Mailing Address 1 MARINA PARK DR

City State Zip Code  
BOSTON MA 02210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE FALLON COMPANY

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 15 / 2015

Transaction ID : SA12.24939

Amount of Each Receipt this Period

10000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. ARI HASEOTES**

Mailing Address 100 CROSSING BLVD

City State Zip Code  
FRAMINGHAM MA 01702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CUMBERLAND FARMS

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 10 / 2015

Transaction ID : SA12.24929

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶

0.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 46

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. ASHLEY HASEOTES**

Mailing Address 100 CROSSING BLVD

City  
FRAMINGHAM

State Zip Code  
MA 01702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONE MISSION

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 10 / 2015

Transaction ID : SA12.24931

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. RICHARD JAMES HENKEN**

Mailing Address 3 PARTRIDGE HILL ROAD

City  
DOVER

State Zip Code  
MA 02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCHOCHET COMPANIES

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 02 / 2015

Transaction ID : SA12.24908

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. TIMOTHY HUNT**

Mailing Address 11 CANDY HILL LANE

City  
SUDBURY

State Zip Code  
MA 01776

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CUBIST

Occupation

BIOTECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 02 / 2015

Transaction ID : SA12.24902

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 46

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

## **A. PATRICIA JACOBS**

Mailing Address 240 PAYSON ROAD

City  
BELMONT

State Zip Code  
MA 02478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AT&T

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 22 / 2015

**Transaction ID : SA12.24955**

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. HENRY G. KARA**

Mailing Address 139 WEATHERBEE DRIVE

City  
WESTWOOD

State Zip Code  
MA 02090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 07 / 2015

**Transaction ID : SA12.24917**

Amount of Each Receipt this Period

4000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. STEPHEN KASNET**

Mailing Address ONE UNIVERSITY LN.

City  
MANCHESTER

State Zip Code  
MA 01944

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HARBOR GLOBAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2015

**Transaction ID : SA12.24903**

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. KAITLIN KAY

Mailing Address 40 WOOD END LN

City  
MEDFORDState  
MAZip Code  
02032FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		09		2015

Transaction ID : SA12.24918

Amount of Each Receipt this Period

400.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. ARA KRAFIAN

Mailing Address 126 CRESTVIEW RD

City  
BELMONTState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMMA

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

Transaction ID : SA12.24910

Amount of Each Receipt this Period

250.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. HEATHER KRAFIAN

Mailing Address 126 CRESTVIEW RD

City  
BELMONTState  
MAZip Code  
02478FEC ID number of contributing  
federal political committee.

C

Name of Employer

SMMA

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		02		2015

Transaction ID : SA12.24912

Amount of Each Receipt this Period

250.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 46

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. SCOTT LEMAY**

Mailing Address 19 DUNEDIN ROAD

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNITED WASTE MANAGEMENT

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	0			2	0	1	5		

**Transaction ID : SA12.24932**

Amount of Each Receipt this Period

3000.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MR. THOMAS J LITLE IV**

Mailing Address 900 CHELMSFORD ST

City

LOWELL

State

MA

Zip Code

01851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LITLE AND CO.

Occupation

MANAGER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	8			2	0	1	5		

**Transaction ID : SA12.24952**

Amount of Each Receipt this Period

5000.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. MASSACHUSETTS VICTORY COMMITTEE**

Mailing Address 310 FIRST STREET SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

C00549782

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

755278.93

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	2	3		2	0	1	5		

**Transaction ID : SA12.24891**

Amount of Each Receipt this Period

69625.55

JFC TRANSFER: SEE MEMO ENTRIES

**SUBTOTAL** of Receipts This Page (optional)..... ►

69625.55

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

**A. MASS FOOD INDUSTRY PAC MFI PAC**

Mailing Address PO BOX 960331

City	State	Zip Code
BOSTON	MA	02196

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2015

Transaction ID : SA12.24945

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MORPHOTRUST USA INC. PAC**Mailing Address 1235 SOUTH CLARK STREET  
SUITE 700

City	State	Zip Code
ARLINGTON	VA	22202

FEC ID number of contributing federal political committee.

C C00437491

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA12.24937

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CARL NELSON**

Mailing Address 69 TEMPLE ROAD

City	State	Zip Code
WELLESLEY	MA	02482

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NEI COMMUNICATIONS, INC.

PUBLISHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2015

Transaction ID : SA12.24919

Amount of Each Receipt this Period

3100.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447855.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : SA12.24867

Amount of Each Receipt this Period

58855.00

Full Name (Last, First, Middle Initial)

**B. RETAILERS ASSOCIATION OF MA PAC**Mailing Address 18 TREMONT ST  
STE 810

City	State	Zip Code
BOSTON	MA	02108

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA12.24947

Amount of Each Receipt this Period

200.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MITCHELL ROBERTS**

Mailing Address 245 WOODWARD ST

City	State	Zip Code
WABAN	MA	02468

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

PR MANAGEMENT CORP

RESTAURANTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SA12.24940

Amount of Each Receipt this Period

5400.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

58855.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 46

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASSACHUSETTS REPUBLICAN PARTY

Full Name (Last, First, Middle Initial)

A. JEAN O SHERIDAN

Mailing Address 16 CAMELOT DR

City  
HINGHAM

State Zip Code  
MA 02043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 10 / 2015

Transaction ID : SA12.24934

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DAVID WALKER

Mailing Address 123 ESSEX RD

City  
CHESTNUT HILL

State Zip Code  
MA 02467

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAMBRIDGE TRUST

Occupation  
PORTFOLIO MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : SA12.24913

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ROD WALKEY

Mailing Address 84HAMLINS CROSSING

City  
DOVER

State Zip Code  
MA 02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIGRATION CAPITAL

Occupation  
ASSET MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 17 / 2015

Transaction ID : SA12.24943

Amount of Each Receipt this Period

1000.00

JFC TRANSFER: MASSACHUSETTS VICTORY COMMITTEE

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)..... ►

0.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 46

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. NICOLE M. ZEROLA**

Mailing Address 19 BAKERS HILL RD

City  
WESTON

State Zip Code  
MA 02493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 01 / 2015

Transaction ID : SA12.24907

Amount of Each Receipt this Period

500.00

JFC TRANSFER: MASSACHUSETTS VICTORY  
COMMITTEE

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

128480.55

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 46  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. COMMERCE BANK**

Mailing Address 1320 WASHINGTON ST

City	State	Zip Code
BOSTON	MA	02118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2877.68

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	09	/	2015

Transaction ID : SA15.24858

Amount of Each Receipt this Period

2877.68

VENDOR REFUND: OVERPAYMENT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2877.68

2877.68

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. 420 BOSTON TURNPIKE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2015

Mailing Address 420 BOSTON TURNPIKE

City	State	Zip Code
SHREWSBURY	MA	01545

**Transaction ID : SB21B.24956**Purpose of Disbursement  
RENT

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1200.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. AAFCPAS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2015

Mailing Address 21 EAST MAIN ST

City	State	Zip Code
WESTBOROUGH	MA	01581

**Transaction ID : SB21B.24957**Purpose of Disbursement  
ACCOUNTING SERVICES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

13000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. APEX**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

Mailing Address 138 CONANT ST  
2ND FLOOR

City	State	Zip Code
BEVERLY	MA	01915

**Transaction ID : SB21B.24958**Purpose of Disbursement  
MERCHANT FEES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

0.60
------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14200.60
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 46

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. APEX**Mailing Address 138 CONANT ST  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 11 2015**Transaction ID : SB21B.24959**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

**B. APEX**Mailing Address 138 CONANT ST  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 14 2015**Transaction ID : SB21B.24960**

Amount of Each Disbursement this Period

40.00

Full Name (Last, First, Middle Initial)

**C. APEX**Mailing Address 138 CONANT ST  
2ND FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
12 17 2015**Transaction ID : SB21B.24961**

Amount of Each Disbursement this Period

1.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

71.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

MASSACHUSETTS REPUBLICAN PARTY

### A. APEX

Category/  
Type

201.60

State:  District:

## B. BOSTON GLOBE

Category/  
Type

35.00

State:  District:

**C. BYTEBULB, INC.**

Category/  
Type

331.50

State:  District:

568.10



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

MASSACHUSETTS REPUBLICAN PARTY

### A. COMCAST

Three 7-segment displays are shown, each with a different color (blue, green, red) and a different font (serif, sans-serif, monospace). The displays show the date '12 / 01 / 2015'.

Category/  
Type

282.24

State:  District:

## B. COMCAST

Category/  
Type

55.66

State:  District:

### C. COMCAST

Category/  
Type

282.24

State:  District:

620.14

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

MASSACHUSETTS REPUBLICAN PARTY

### A. COMCAST

City	State	Zip Code
PHILADELPHIA	PA	19101-0601

Candidate Name

Category/  
Type

Age Group	Percentage
18-24	306.85
25-34	100.00
35-44	100.00
45-54	100.00
55-64	100.00
65-74	100.00
75+	100.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

## B. COMMERCE BANK & TRUST

City	State	Zip Code
WORCESTER	MA	01605

Purpose of Disbursement
BANK FEES

Candidate Name

Category/  
Type

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	80.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

### C. HEALTH SERVICES ADMINISTRATOR

Three digital displays are shown side-by-side, separated by slashes. The first display shows the number '12' with two small gray squares above the '1' and the '2'. The second display shows the number '21' with two small gray squares above the '2' and the '1'. The third display shows the year '2015' with four small gray squares above each digit: '2', '0', '1', and '5'.

City	State	Zip Code
BRAINTREE	MA	02184

### Purpose of Disbursement

#### EMPLOYEE BENEFITS

Candidate Name

Category/  
Type

517.57

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

904.42

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

MASSACHUSETTS REPUBLICAN PARTY

### A. KIRSTEN HUGHES

Category/  
Type

262.26

State:  District:

## B. KIRSTEN HUGHES

M M / D D / Y Y Y Y  
12 07 2015

Category/  
Type

111.00

State:  District:

**C. 1360**

Category/  
Type

2064.40

State:  District:

2326.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 46

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. INCARNI PARTNERS**

Mailing Address 1242 CHESTNUT STREET

City NEWTON      State MA      Zip Code 02464

Purpose of Disbursement  
DATA CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      23      2015
**Transaction ID : SB21B.24977**

Amount of Each Disbursement this Period

11096.25

Full Name (Last, First, Middle Initial)

**B. JETBLUE AIRWAYS**

Mailing Address 118-29 QUEENS BLVD.

City FOREST HILLS      State NY      Zip Code 11375

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      14      2015
**Transaction ID : SB21B.24978**

Amount of Each Disbursement this Period

228.00

Full Name (Last, First, Middle Initial)

**C. KAUPPI COMMUNICATIONS**

Mailing Address P.O. BOX 152

City WEST GROTON      State MA      Zip Code 01471

Purpose of Disbursement  
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12      15      2015
**Transaction ID : SB21B.24979**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12324.25



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 46

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. LEXISNEXIS**

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA      State PA      Zip Code 19170

Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015
**Transaction ID : SB21B.24981**

Amount of Each Disbursement this Period

173.00

Full Name (Last, First, Middle Initial)

**B. TERRY MACCORMACK**Mailing Address 81 PARK DRIVE  
APT 9

City BOSTON      State MA      Zip Code 02215

Purpose of Disbursement  
REIMBURSEMENT: SEE MEMO ENTRY

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2015
**Transaction ID : SB21B.24998**

Amount of Each Disbursement this Period

31.00

Full Name (Last, First, Middle Initial)

**C. MAILCHIMP**Mailing Address 512 MEANS STREET  
SUITE 404

City ATLANTA      State GA      Zip Code 30318

Purpose of Disbursement  
ONLINE SUBSCRIPTIONS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2015
**Transaction ID : SB21B.24982**

Amount of Each Disbursement this Period

75.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

279.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

MASSACHUSETTS REPUBLICAN PARTY

### A. MICHAEL MALAMUT

Date of Disbursement

Transaction ID : SB21B.24988

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

1539.59

## B. MARRIOTT BOSTON/NEWTON

Date of Disbursement

M M / D D / Y Y Y Y  
12 07 2015

Transaction ID : SB21B.24983

Amount of Each Disbursement this Period

1798.52

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. MBTA

Date of Disbursement

Transaction ID : SB21B.25002

Amount of Each Disbursement this Period

55.65

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

3338.11

**TOTAL** This Period (last page this line number only).....







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

MASSACHUSETTS REPUBLICAN PARTY

### A. UBER

Date of Disbursement

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Transaction ID : SB21B.25008

Purpose of Disbursement
MACCORMACK REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION
Candidate Name

Amount of Each Disbursement this Period

31.00

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

## B. VERIZON

Date of Disbursement

Mailing Address PO BOX 15124

City	State	Zip Code
ALBANY	NY	12212

Transaction ID : SB21B.25001

MOBILE PHONE EXPENSE

Amount of Each Disbursement this Period

80.42

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

### C. VERIZON

Date of Disbursement

Mailing Address PO BOX 15124



City	State	Zip Code
ALBANY	NY	12212

Transaction ID : SB21B.25004

Purpose of Disbursement	HUGHES REIMBURSEMENT: MOBILE PHONE EXPENSE
-------------------------	--

Amount of Each Disbursement this Period

113.26

[MEMO ITEM]

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			
State:	District:			

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

Age Group	Percentage
18-24	10.42
25-34	10.42
35-44	10.42
45-54	10.42
55-64	10.42
65-74	10.42
75-84	10.42
85+	80.42

36241.07

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MASSGOP LEGAL DEFENSE FUND**

Mailing Address 85 MERRIMAC STREET

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement  
TRANSFER

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

**Transaction ID : SB29.24985**

Amount of Each Disbursement this Period

215000.00
-----------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

215000.00
-----------

215000.00
-----------





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. KIRSTEN HUGHES**

Mailing Address 116 WILLOW AVENUE

City	State	Zip Code
QUINCY	MA	02170

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

**Transaction ID : SB30B.25026**

Amount of Each Disbursement this Period

2772.59
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. KIRSTEN HUGHES**

Mailing Address 116 WILLOW AVENUE

City	State	Zip Code
QUINCY	MA	02170

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

**Transaction ID : SB30B.25013**

Amount of Each Disbursement this Period

2772.65
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SARAH HUNT**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

**Transaction ID : SB30B.25027**

Amount of Each Disbursement this Period

1751.13
---------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. SARAH HUNT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.25014**

Amount of Each Disbursement this Period

1751.13

**[MEMO ITEM]**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER A. LANE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.25028**

Amount of Each Disbursement this Period

1365.47

**[MEMO ITEM]**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER A. LANE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.25015**

Amount of Each Disbursement this Period

1365.47

**[MEMO ITEM]**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. TERRENCE R. MACCORMACK**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SB30B.25029

Amount of Each Disbursement this Period

1	4	4	8	.	9	2
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. TERRENCE R. MACCORMACK**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SB30B.25016

Amount of Each Disbursement this Period

1	4	4	8	.	9	2
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. TIMOTHY O'LEARY**

Mailing Address 22 BURNHAM RD

City WENHAM State MA Zip Code 01984

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Transaction ID : SB30B.25030

Amount of Each Disbursement this Period

1	2	2	9	.	4	6
---	---	---	---	---	---	---

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0	.	0	0
---	---	---	---



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY O'LEARY**

Mailing Address 22 BURNHAM RD

City	State	Zip Code
WENHAM	MA	01984

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

**Transaction ID : SB30B.25017**

Amount of Each Disbursement this Period

1229.46
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES, INC.**

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

**Transaction ID : SB30B.24989**

Amount of Each Disbursement this Period

59.84
-------

Full Name (Last, First, Middle Initial)

**C. PAYRIGHT PAYROLL SERVICES, INC.**

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

**Transaction ID : SB30B.24990**

Amount of Each Disbursement this Period

7879.91
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7939.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. PAYRIGHT PAYROLL SERVICES, INC.**

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement  
PAYROLL: SEE MEMO ENTRIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

**Transaction ID : SB30B.24991**

Amount of Each Disbursement this Period

17193.29
----------

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES, INC.**

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

**Transaction ID : SB30B.24992**

Amount of Each Disbursement this Period

92.66
-------

Full Name (Last, First, Middle Initial)

**C. PAYRIGHT PAYROLL SERVICES, INC.**

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

**Transaction ID : SB30B.24993**

Amount of Each Disbursement this Period

1970.75
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

19256.70
----------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. PAYRIGHT PAYROLL SERVICES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

**Transaction ID : SB30B.24994**Purpose of Disbursement  
PAYROLL: SEE MEMO ENTRIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

23479.23
----------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

**B. PAYRIGHT PAYROLL SERVICES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

**Transaction ID : SB30B.25022**Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

5969.74
---------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. BRENDA RYAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

Mailing Address 14 CRANCH ST

City	State	Zip Code
QUINCY	MA	02169

**Transaction ID : SB30B.25031**Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1380.70
---------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23479.23
----------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. BRENDA RYAN**

Mailing Address 14 CRANCH ST

City	State	Zip Code
QUINCY	MA	02169

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

**Transaction ID : SB30B.25018**

Amount of Each Disbursement this Period

1702.58
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ALEXANDER O SANTANGELO**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		14		2015

**Transaction ID : SB30B.25032**

Amount of Each Disbursement this Period

230.87
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ALEXANDER O SANTANGELO**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

**Transaction ID : SB30B.25019**

Amount of Each Disbursement this Period

230.87
--------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**MASSACHUSETTS REPUBLICAN PARTY**

Full Name (Last, First, Middle Initial)

**A. MICHAEL VAZQUEZ**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : SB30B.25033

Amount of Each Disbursement this Period

1	0	9	2	.	2	4
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MICHAEL VAZQUEZ**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	30	/	2015

Transaction ID : SB30B.25020

Amount of Each Disbursement this Period

1	0	8	6	.	5	0
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. BRIAN T. WYNNE**Mailing Address 85 MERRIMAC STREET  
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2015

Transaction ID : SB30B.25034

Amount of Each Disbursement this Period

2	2	3	0	.	1	6
---	---	---	---	---	---	---

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0	0	0
---	---	---

0	0	0
---	---	---

